

Estimate Request Instructions

Important: Read instructions before you complete and submit the enclosed form.

General information

- Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.
- Do not change anything on the form; alterations will void the form.
- Mail form to PERS at PO Box 23700, Tigard OR 97281-3700.

Section A: Member information (Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.)

Fill in the Applicant information section completely.

- Enter your PERS number. If you do not know your PERS number, leave the space provided blank. Your PERS number can be found on your annual statement(s). If you provide your PERS number, providing your Social Security number (SSN) is voluntary. If you do not supply a PERS number, you must supply your Social Security number (SSN).
- Enter your mailing address.
- Enter your date of birth.
- Enter your day and evening phone numbers, including the area codes. Include your extension number if you have one.
- If you do not have an email address or prefer not to be contacted through email, leave that space blank.

Section B: Residency information

Please check the box that reflects whether or not you expect to be a resident of the state of Oregon when you begin to receive your retirement benefit. Your estimated benefit will be calculated based on your expected residency. Therefore, providing your expected residency will result in a more accurate benefit estimate.

Note: Your state residency at the time you receive benefits may affect a portion of your benefits. You will be required to certify your residency when you apply for retirement benefits.

Section C: Retirement date and PERS employer name

Two estimates will be provided free of charge in a calendar year. We can only provide estimates for retirement dates within the upcoming 24 months.

The retirement date must be after the date you submit this request.

- Enter your last day employed.
- Enter the month and year you wish to retire. Retirement dates are always on the first of the month. You can use only one date per estimate request.
- Enter the name of your current or most recent PERS employer.

Important note: We no longer accept estimate requests with “retire with 30 years” entered for the retirement start date. Applications that do not have a date entered for the retirement benefit start date will be returned, which could delay your request.

Section D: Beneficiary information

Enter the first name of your beneficiary (no last name required) and his/her year of birth so we can provide the full and half-survivorship options. If you leave this section blank or you enter an estate or trust, survivorship options are not available. The younger your beneficiary is the lower your survivorship option benefits will be. (Survivorship options include Options 2, 2A, 3, and 3A.) This beneficiary information does not change your current pre-retirement beneficiary designation.

Section E: Unused sick leave, unused vacation, and compensatory hours at retirement

Review your employment contract or check with your employer for any limitations on the number of hours for which you can be paid. If your employer participates in the PERS unused **sick leave program**, enter the number of hours of unused sick leave you expect to have when you terminate employment. Do not include the number of unused sick leave hours you expect your employer to compensate you for when you leave your position. Review your employment contract or check with your employer to find out if it participates in the PERS unused sick leave program.

Enter the number of unused **vacation and compensatory (comp) time** hours you expect your employer to compensate you for when you terminate employment. Enter hours as a whole number, not as fractions of an hour. Unused vacation and compensatory hours can often be found on your check stub.

Enter your most recent PERS-covered **hourly salary** so we can calculate your monthly final average salary and the value of your unused sick leave.

Section F: Contract salary and hours (contract teachers only)

If you are currently working as a certified teacher under an individual contract to work less than 12 months a year, or if your last PERS-qualifying position was as a certified teacher under contract to work less than 12 months a year, enter your current/last contract salary amount and the number of hours or days you will or have worked under this contract. If you are uncertain of the exact salary or number of hours/days you have worked under the contract, contact your employer for information.

Section G: Purchases

All eligible waiting time and refunded time purchases are automatically included in the estimate.

Provide any additional information about purchases you may be eligible for at retirement. **Example:** “I want to purchase four years of prior military time. Enclosed is a copy of my military discharge form,” or “I want to purchase four years of state teaching time from the Billings Montana Public School System. I worked from September 4, 1975, to June 15, 1980.” Most purchases must be made before retirement. [See purchase information in the Forms/Publications section of the PERS website](#) for a list and description of purchases.

For P & F: The unit benefit effective date is the date you want your P & F unit benefit to begin. This can be different than your retirement date. For more information visit the [PERS website](#).

Estimate Request

This form is strictly for the PERS Tier One/Tier Two program. Call PERS or visit our website if this is not the form you need.

Section A: Member information (Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.)

First name	MI	Last name	Social Security number*
Mailing address (street or PO box)			PERS number (optional)
City	State	Zip	Country
Date of birth (mm/dd/yyyy)			
Day phone number	Evening phone number		Email (optional)

Section B: Residency certification

For purposes of this estimate, please assume the following:

- ☐ I will be a resident of the state of Oregon when the benefits are paid.
☐ I will **not** be a resident of the state of Oregon when the benefits are paid.

Section C: Retirement date and PERS employer name (Note: Only one retirement date per form.)

Last day employed (mm/dd/yyyy)	My retirement date is the first day of (mm/yyyy)*
Name of current or most recent PERS employer	

* This date must be after the date you submit this request and must be within the upcoming 24 months.

Section D: Beneficiary information

Beneficiary's name	Beneficiary's year of birth (yyyy)
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Section E: Unused sick leave, unused vacation, and compensatory hours at retirement

Sick leave hours	Vacation/compensatory hours	Hourly salary
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Section F: Contract salary and hours (contract teachers only)

Last annual contract salary amount \$	Number of hours/days worked under contract
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Section G: Purchases (Waiting time and refunded time are automatically included if you are eligible.)

- ☐ Police officer and firefighter unit purchase Date to begin unit benefit payments: _____
☐ Other purchases/requests (Please provide the name of the purchase or the type of purchase.)

* Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form.

In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling toll free 888-320-7377 or TTY 503-603-7766.